

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Return should preferably be made
to person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

Sex of Child* <u>Male</u>	Twin Triplet or other?	{ and }	Number* in order of birth
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DATE OF BIRTH* Nov. 10, 1930
(Month) (Day) (Year)

FATHER
Jose Tapia

MOTHER
Matilda Galvaz

I HEREBY CERTIFY that the child described herein has
been named

Victoriano Tapia

(Give name in full)

(Surname)

Matilde G. Tapia
(Parent's Signature)

(Signature of Physician or Midwife)

These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

531-110-479